PARE

Filed

12 MAIDEN NAME OF MOTHER

OF MOTHER
(State or country)

Exact

| 1PLACE OF DEATH   |
|---|
| County Noward   |
| Village or City alfula (No  |
| 2FULL NAME Rachel M. Bl   |
| PERSONAL AND STATISTICAL PARTICULARS  |
| SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Maried WIDOWED, OR DIVORCED (Write the word)   |
| DATE OF BIRTH   |
| (Month) (Day) (Year)  |
| 7 AGE    If LESS than   I daybre.   ds. ormin.?   |
| (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer) |
| State or country) Will,   |
| 10 NAME OF FATHER Jao. E. Carr  11 BIRTHPLAYE OF FATHER  OF FATHER  (State or country)  |

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 14 7

| Ward) | (If death   | becurred   | in |
|-------|-------------|------------|----|
|       | a hospital  |            |    |
|       | tion give I | Its NAME I | n- |

a hospital or institution, give Ita NAME in stend of atreet and number.)

|    | 16 DATE OF DEATH JANUARY 19 , 1981 (Year)  |
|----|--|
| -  | 17 \ I HEREBY CERTIFY, That I attended the deceased from   |
|    | January 15 193/ 10 January 19, 1921. that I last saw h Malive on January 19, 1921.   |
| n  | and that death occured on the date stated above, atm.  |
| 3. | The CAUSE OF DEATH * was as follows:   |
| 5  | Jobar Pneumonea  |
| .  |  |
|    | Contributory Auricular Tebrillation  |
|    | (Signed) (Duration) 2 yrs mos. ds. (Signed) (Signed) Herbert M. D.   |
|    | *State the Discase Causing Death, or, in deaths from<br>Violent Cause, state (1) Means of Injury and (2) whether<br>Accidental, Suicidal or Homicidal. |
| -  | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-<br>ients or Recent Residents)  |
|    | At place in the of death yrs mos, ds. State yrs mos, ds.   |
| -  | Where was disease contracted, if not at place of death?  |
|    | Former or usual residence  |
|    | 19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL   |
|    | Mr. View Cem. Jan 2/100!   |
|    | 20 UNDERTAKER ADDRESS  |
|    | Wer Son Sykeanlle  |

MEDICAL CERTIFICATE OF DEATH

Registra: | Lee Pour Sylving Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, should be used only when needed. As examples: (a) en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed gaged in doinestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return 'Laborer." "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many Physician, Compositor, the first line will be sufficient, e. g.. Farrer or Plonter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocreport specifically the occupations of persons enetc., For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm loborer, Laborer-Coul mine, etc. Womwithout more precise specification as Doy For persons Architect, Locomotive engineer, who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrational meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia.") [Lobar pneumonia, Branchopmeumonia ("Pneumonia,")]

tctanus) may be stated under the head of "contributory. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by roilway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcusles; unqualified, is indefinite); Tuberculosis of lungs, meninges, pertlunaeum, etc., Carcinomo, Sarcoma,, etc., of . . . . . . . (name origin; "Cancer" is less definite; avoid American Medical Association.) Whooping Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; or intercurrent) affection need Chronic etc. The contributory volvular heart discase; Nomenclature of the not be

If this certificate is looked over thoroughly and all questions answered in derail, it will prevent further correspondence. A ithe data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLANDshould state of OCCUPA. 1. PLACE OF DEATH Every item of Village or City PHYSICIANS Length of residence In city or town where death occurred. Exact statement 2. FULL NAME (a) Residence: No RECORD (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR, OR RACE 5. SINGLE MARRIED, WIDOWED, DIVORCED (write the word) PERMANENT ACTL classified. BINDING 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of M M properly certificate. 6. DATE OF BIRTH (month, day, end year) 7. AGE Days Years Months FOR If LESS than stated 1 day, \_\_\_\_ hrs. IS or ..... min. 8. Trede, profession, or particuler kind of work done, as SPINNER, MARGIN RESERVED UNFADING INK-THIS be SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc..... should may it Date deceased last worked at this occupation (month and 11. Total time (years) spent in this AGE so that occupation .. instructions 12. BIRTHPLACE (city or town) (State or country) plain terms, FATHER 13, NAME 14. BIRTHPLACE (city or town) (State or country) MOTHER 15. MAIDEN NAME important 16. BIRTHPLACE (city or town) WRITE PLAINE (State or country) should be CAUSE OF DEA very 17. INFORMANT (Address) 18. BURIAL, CREMATION OR REMOVAL mation LION 19. UNDERTAKER (Address) 20. FILED. Registrar.

| CERTIFICATE OF DEATH 00632  |
|---|
| (08)  |
| Registration Dist. No.  |
| ND. St., Ward eath occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U. S. if of foreign birth? yrs. mos. ds. |
| St., Ward.  If nonresident give city or town and State  |
| MEDICAL CERTIFICATE OF DEATH  |
| 21. DATE OF DEATH  (Month)  (Day)  (Year)   |
| 1 HEREBY CERTIFY That I attended deceased from 3, 197  I last saw h   |
| Date of onest  Star Trecerved 1930  |
| Other Coutributary Causes of importance:  |
| Name of operation   |
| What test confirmed diegnosis? Was there an autopsylling  |
| 23. If death was due to external causes (VIOL ENCE) fill In also the following:   |
| Accident, suicide, or homicide?Date of injury   |
| Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.                    |
| Manner of injury  |
| Natura of injury  |
| 24. Wes disease or injury in any way related to occupation of deceased?   |

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

If so, specify (Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

|  | Example I               |               | Example II   |                |
|--|-------------------------|---------------|--|----------------|
| The principal cause of do of importance were as fo | eath and related causes | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of conset |
| Arteriosclerosis                                   | FIT 5 1931              | 1915          | Attack of epilepsy   | 1 week ago     |
| Chronic interstitial nephritis                     |                         | 1921          | Run over by street car   | 1 week ago     |
| Cerebral hemorrhage                                | BUEZAW V.               | July 5, 1927  | Peritonitis  | 3 days ago     |
|  |                         |               |  |                |
| Other contributory cause                           | s of importance:        |               | Other contributory causes of importance:                                       |                |
| Gallstones   |                         | May 1,1923    | Gastroenteritis  | 1 year         |
|  |                         |               |  |                |
|  |                         |               |  |                |

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

|        |       | AO .:      |
|--------|-------|------------|
|        | WRITE | Every Item |
| No. 1  | 7     | BEvery     |
| N. No. |       | N.         |
|        |       |            |

| 1PLACE OF DEATH  | STATE OF MARYLAND CERTIFICATE OF DEATH   |
|--|--|
| County   | 51)  |
| Village or City Sykesille (No  | St.: Ward)  St.: Ward)  Outline to the standard of the standar |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED. OR DIVORCED A CANCEL Write the word A cancel                           | 16 DATE OF DEATH  (Month) (Day) (Year)   |
| 6 DATE OF BIRTH  Sec. 23, 187/ (Month) (Day) (Year)  | 17 I HEREBY CERTIFY, That I attended the deceased from 1930 to 18 1 1931 that I last saw h My alive on 18 1 1931   |
| 7 AGE  If LESS than 1 day hrs. or min.?  |  |
| (a) Trade, profession or Hannel Farmer   | trema  |
| (b) General nature of industry business, or establishment in which employed or (employer)  BIRTHPLACE (State or country) | Contributory Socondary   |
| 10 NAME OF FATHER Lindrent J. Soundldson 11 BIRTHPLACE OF FATHER (State or country)  W                                   | (Signed)   |
| 12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)   | Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfertation Recent Residents)  At place of death yrs mos ds.   |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE   | Where was disease contracted, if not at place of death?  Former or usual residence   |
| (Address) Sykesvele Mee.  15 Filed Jan 20 1931 Zyn alice W Hell  | 19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS  |
| Filed Jan 20 1901 Topa Such M. Helli-Registrar   | 20 UNDERTAKER  Sou Supressiler, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.  |

(Approved by U. S. Census and American Public Health Association.)

ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emtired 6 yrs). For persons who have no occupation er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. nner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on Compositor, Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the Distance Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, American Medical Association.) Recommendations on statement of cause of death peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; or intercurrent) affection need Chronic valvular heart disease; etc. The contributory not be

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V. S. No. 1

| -                      |                                  | ā :   |
|------------------------|----------------------------------|---|
|                        | DING INK-THIS IS A PERMAN T CORD | carefully supplied. ACE should be stated EXACTLY, PHITH In plain terms so that it may be properly classified. |
|                        |                                  | stated  |
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| rst.   | PLACE OF DEATH  | 00624 STATE OF MARYLAND   |
|--|---|---|
| H.   | County However  | CERTIFICATE OF DEATH  |
| fled.  | Q. la a 100.  | Registration Dist. No.  |
| CTI<br>Bassi   | Village or City (No.  | St.: Ward) (If death occurred in a hospital or institu-   |
| ated EXAC  | 2 FULL NAME Courie Lee &  | tion, give its NAME is stead of street and number.)   |
| stated<br>proper<br>f certi  | PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |
| be<br>ck   | S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED OR DIVORCED OR DIVORCED OR DIVORCED | 16 DATE OF DEATH (Month) (Day) (Year)   |
| shout it m   | 6 DATE OF BIRTH Dec. 13 1,561   | 17 I HEREBY CERTIFY, That I attended the deceased from 3, 1921.   |
| AC the office of | (Month) (Day) (Year)  7 AGE   | that I last saw h A alive on 1921,  |
| ed. ACE  | l dayhrs.   | and that death occurred on the date stated above, atm.  The CAUSE OF DEATH was as follows:  |
| E F F  | yrsmosds. ormin,}   | triptiesed Tulinonary Obscessi  |
| sup<br>In tel  | (a) Trade, profession or particular kind of work  |   |
| efully<br>n pla<br>tant.   | (b) General nature of industry business, or establishment in                                      |   |
| caref<br>H in<br>porta   | which employed or (employer)  | Contributory (Color) Vis. mos de.   |
| 3 Ao   | 9 BIRTHPLACE (State or country)   | Secondary   |
| Z Dd   | 10 NAME OF  | (Signed) (Duration) yrs (mos ds.  |
| P CF   | FATHER M. A. Francis  | Jan 4 1930 (Address) Met airy Med   |
| Hon s<br>AUSE  | OF TATHER (State or country)  | *State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. |
| EON  | of MOTHER Eliza Byrne   | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-<br>ients or Recent Residents)   |
| 653  | 13 BIRTHPLACE OF MOTHER   | At place In the of death yrs mos ds. State yrs mos ds.  |
| of li  | (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE                              | Where was disease contracted, if not at place of dea.h?   |
| - 30   | 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  | Former or usual residence   |
| Every Item<br>CIANS sho<br>statement   | (Informant)   | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  |
| Every<br>CIAN<br>state   | (Address) vopsydle Md.  | Harveory Cen Jan 5. 1931  |
| BE.  | Filed Jan 3 1981 Master Registrar   | Deer Son Sykerville   |
| Z  | If more banks are needed, address State Registrar   | , 16 W. Saratoga St., Balto., Requesting V. S. Ro. 1.   |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as  $\nu_{uy}$  laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed Never return". Laborer,"". Foreman,"". Manager," "Dealnature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation 6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of death (elanus) may be stated under the head of "contributory." American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic etc. The contributory affection valvular heart Nomenclature of the need not be disease;

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80

| PLACE OF DEATH  | STATE OF MARYLAND  |
|---|--|
| County Stoward  | CERTIFICATE OF DEATH 5   |
| hear-   | Registration Dist. No.   |
| Village or City Aduals (No  | St: Ward) (If death occurred in a hospital or institu-   |
| 2FULL NAME GLOVER WY GLOVER   | tion, give its NAME in-<br>stead of street and<br>number.)   |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| Male White Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)   | 16 DATE OF DEATH  Month)  (Month)  (Day)  (Year)   |
| 5 DATE OF BIRTH  (Month)  (Day)  (Year)   | that I last saw have alive on July 1, 1921,  |
| 7 AGE  Solution 1 day hrs. 9 mos. 19 ds. or min.?   | and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:  |
| (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer) | Contributory Milial Gumphics Contributory  |
| (State or country)  10 NAME OF FATHER GLOTGE O, Geddaugh  11 BIRTHPLACE OF FATHER (State or country)  M                                     | (Signed)   |
| 12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs mos ds. State yrs mos ds.  Where was disease contracted, |
| 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  | if not at place of dea.h?  Former or usual residence   |
| (Informant)   | 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL   |
| (Address)   | Emanuel Ch, Enstery Jan 30, 19.31.   |
| 15 Filed 1/30/31 1920 Frank Shipley   | 20 UNDERTAKER ADDRESS RAUTEL MA  |

| 1 | Co | C  | 53 | i | 1 |  |
|---|----|----|----|---|---|--|
| U | 0  | () | ~  | ę | 3 |  |

| St.:Ward) | (If death occurred in<br>a hospital or institu-<br>tion, give its NAME in |
|-----------|---|
|           | stead of street and   |

| 16 DATE OF DEATH                        | Janie.             | 2 yell        | 193/        |
|---|--------------------|---------------|-------------|
|   |                    | (Day)         |             |
| apr-15-                                 | 1920 to            | ung 27        | - , 1927/   |
| that I last saw had.                    | alive on Mu        | 4/1/          | , 1927      |
| and that death occurre                  | d on the date stat | ed above, at  | 8 2 am      |
| The CAUSE OF DEATH                      |                    |               |             |
| Beule Dil                               | station of         | Hear          | /           |
|   | (Duration)         | VI8           | mos //5 -ds |
| Contributory Secondary                  | 6                  | 14            |             |
| *************************************** | (Duration)         |               | mosds       |
| (Signed)                                | (Address)          | ribleau       | d. High     |
|   | ase Causing Deat   | th, or, in de | sths from   |

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from cupation is very important, so that the relative health-Statement of Oecupation-Precise statement of oewhatever, write None. household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed. as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer—Coat mine, etc. wounworked on may form part of the second statement. additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomolive engineer, Never return "Laborer," "Foreman," "Manager," "Dealreport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material especially in industrial employments, it is neces-For many oecupations a single word or term on Farm laborer, Luborer-Coal mine, etc. Womwithout more precise specification as For persons who have no occupation (b) Grocery,

Strtement of Cause of Death—Name, first, the DISEAR CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. ean be ascertained as the eause. Always qualify all "Uraemia, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by Committee on as fracture of skull, and eonscquences (e. g., sepsis, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State eause for which surgical operation was under-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mcre symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY "" "Weakness," etc., when a definite disease Chronic etc. The contributory affection need valvular heart Nomenclature of the not be disease;

If this certificate is looked over thoroughly and a l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

|         | PLACE  | OF DEA  | тн               |  |  |
|---------|--|---|------------------|--|--|
| (       | County H   | ma  | <u></u>          |  |  |
| Vill    |  | L NAME  | 1                | y (No.                                     |  |
|         | PERSON   | IAL AND   | STATISTIC        | CAL PARTIC                                 | ULARS                                  |
| 3 5     | EX,  | 4 COLOR   | OR RACE          | MARRIED WIDOWED. OR DIVORCE (Write the wor | ang li                                 |
| 6 D     | ATE OF BIR   | *****   |                  |  |  |
|         |  | /   | nav.             | 4  | , 1908                                 |
| 7 A     | GE   |   | (Month)          | (Day)                                      | (Year)                                 |
|         | CCUPATION  |   | sn               | 108. / / 0                                 | ls. or min.                            |
| 1 (1    | a) Trade, pro<br>articular kind  | ofession or   |                  | Laho                                       | w                                      |
| (l      | o) General ne<br>usiness, or ex<br>which employ  | ature of in   | idustry<br>nt in | 000000000000000000000000000000000000000    | 00 00 00 00 00 00 00 00 00 00 00 00 00 |
| FE      | STATE OF COL   |   |                  | 0  | 1.                                     |
|         |  |   | 1 any            | - www                                      |  |
| _       | 10 NAME O  | F W:  | mary             | 1 Lawla                                    |  |
| NTS     | 10 NAME O<br>FATHER<br>11 BIRTHPL<br>OF FATH   | W:  |                  | 1 Lawh                                     |  |
| ARENTS  | 10 NAME O<br>FATHER<br>11 BIRTHPL<br>OF FATH   | ACE<br>IER<br>r country)                                      | m H              | /Lawh                                      | uro                                    |
| PARENTS | 10 NAME OF FATHER  11 BIRTHPL OF FATH (State of MOTH 13 BIRTHPL OF MOTH                                  | ACE IER r country) I NAME HER B                               | M. C             | Hawk<br>White                              | uro                                    |
| PA      | 10 NAME OF FATHER  11 BIRTHPL OF FATH (State of 12 MAIDEN OF MOTH 13 BIRTHPL OF MOTH (State of THE ABOVE | ACE LER r country) I NAME HER LACE HER r Country)             | M. C. otha       | Hawk<br>White<br>d.                        | LEDGE                                  |
| PA      | 10 NAME OF FATHER  11 BIRTHPL OF FATH (State of 12 MAIDEN OF MOTH 13 BIRTHPL OF MOTH (State of THE ABOVE | ACE LER r country) INAME HER B LACE HER r Country) IS TRUE To | M. C. otha       | Hawk<br>White<br>d.<br>OF MY KNOW          | LEDGE                                  |

Regiatrar

If more branks are needed, address State Registra

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

| MEDICAL CERTIFICATE OF DEATH  |
|---|
| 16 DATE OF DEATH - 4  |
| 17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 , 192 ] that I last saw h 444 alive on 1944 ], 192 ]                                  |
| and that death occurred on the date stated above, at 4  |
| Pulmonary Tubuellers  |
| (Durstion)yrsde   |
| Contributory Secondary  |
| (Signed) Alfala / Hecker M. D. 1-2/1923 /(Address) Eller City M.  |
| *State the Disease Causing Death, or, in deaths from<br>Violent Causes, state (1) Means of Injury and (2) Whether<br>Accidental, Suicidal or Homicidal. |
| 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)  |
| At place In the of deathyrsmosds. Stateyrsmosds   |
| Where was disease contracted, if not at place of death?   |
| Former or usual residence   |
| 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Coolasville 1-22, 1931  |
| 20 UNDERTAKER ADDRESS  ADDRESS  Eller Total City May  |
| , 16 W. Seratoga St., Baito., Requesting V. S. No. 1.   |

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enbusiness, that fact may be indicated thus; Farmer (re-Foreman, or At Home, and children, not gainfully em-> For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (6) Grocery;

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphale fever (the only definite synonym is "Epidemic cerebrosphale spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid American Medical Association.) telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (secondary Whooping—cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, Never report mere symptoms or terminal condior intercurrent) Committee on affection need Nomenclature not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer fretired 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEACH ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (0) additional line is provided for the latter statement: it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servan to report specifically the occupations of persons en household only (not paid Housekeepers who receive a laborer, first line will be sufficient, e. g., Farmer or Plonter Foremon, Or For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Solesman. At Home, and children, without more precise specification as Day (b) Automobile Loborerfoctory. The materia -Coal mine, etc. not gainfully em-6) Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup lever (the only definite synonym is "Epidemic cerebro" ed term for the same disease. Examples: Cerebrospind Statement of Cause of Death-Name, first, the Di-Typhoid fever (never report "Typhoid Pneumonia") to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopncumonia ("Pneumonia,

> Recommendations on statement of cause of approved by tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Meosles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"PUERPERAL seplicoemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitiol nephritis, inges, perilonoeum, etc., Carcinoma, Sorcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "Debility" ("Congenital," Whooping Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; or intercurrent) affection need not be Committee on ngenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," Chronie valvular heart etc. Nomenclature The contributory diseose;

permanently filed answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is It this certificate is looked over thoroughly and all questions

Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD BINDING PERMAN WITH UNFADING INK--THIS IS A FOR MARGIN RESERVED WRITE PL V. S. No. 1

N. B.-

| Have maid   | CERTIFICATE OF DEATH   |
|---|--|
| County November 1   | Registration Dist. No. 194   |
| Village or City Sunfasonville (No   | St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of atreet and number.)  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| Male Color OR RACE 5 SINGLE, MARRIED, MUDOWED OR DIVORCED (Write the word)  | 16 DATE OF DEATH  Javiy, 707, 199/  (Month) (Day) (Year)   |
| B DATE OF BIRTH  Affil 10 in 1840  (Month) (Day) (Year)   | that I last saw have alive on July 20 1921,  |
| 7 AGE  90 yra, 9 mos. ds. lf LESS than l day hrs. or min.?  | and that death occurred on the date stated above, otm.  The CAUSE OF DEATH * was as follows:   |
| (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)   | Carlie Decomplendation  (Durstion) yrs 3 1305 ds.  |
| 9 BIRTHPLACE (State or country) Md.   | Contributory Secondary  (Duration)  (Signed)   |
| FATHER Saac Stolland  11 BIRTHPLACE OF FATHER (State or country)  OF TATHER | *State the Disease Causing Death, or, in desths from Violent Causes, state (1) Means of Injury and (2) Whether   |
| 12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  | Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yis mos ds. State yis mos ds.  Where was disease contracted, |
| (Informant) John Holland  | if not at place of dea.h?  Former or usual residence   |
| (Address) Clarksville md  Filed Jul 28 1978 & W. Malish   | Locust Chapel Jany 25, 1931 20 UNDERTAKER ADDRESS Ellicoll City  |
| If more hanks are needed addre sitate Registral   | . 16 W. Saratoga St., Baito., Requesting V. S. No. 1.  |

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of whatever, write None. . business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; use of "Tumor" for malignant neoplasms); Measles; ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the (Recommendations on statement of cause of Chronic interstitial nephritis, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

4

If LESS th

Registrar

If more bianks are naeded, address State Regist

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 190

(If death occurred in

| _   |  | a hospital or institu-<br>tion, give ita NAME in-<br>stead of street and<br>number.) |
|-----|--|--|
| 1   | MEDICAL CERTIFICATE OF   | DEATH  |
|     |  | (Day) (Year)   |
| 2   | that I lost sow h Molive on James  | uary 2 1.1031.   |
| n   | and that death occurred on the date stated a   | 1 4 11   |
| rs. | Chronic valvul   | ar)  |
|     | heart dese   | ***************************************  |
| _   | Contributory Secondary   |  |
| _   | (Signed) algoha n Ste<br>Jan 2f 13 (Address) Elle  | west Citym   |
|     | *State the Disease Causing Death,<br>Violent Causes, state (1) Means of Inju<br>Accidental, Suicidal or Homicidal. | or, in deaths from<br>ry and (2) Whether   |
| _   | 18 LENGTH OF RESIDENCE (For Hospitalients or Recent Residents)   | le, Institutions, Trans-   |
|     | At place In the of deathyrs  | yrsmos,ds  |
|     | if not at place of death?  |  |
| 7   | 19 PLACE OF BURIAL OR REMOVAL  Shus Centre.  20 UN BERTAKER  | DATE OF BURIAL   |
| rer | r, 16 W. Seratoga St., Balto., Requesting V. S.  | No. 1.   |

#### REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., Without more France, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. or given up on account of the DISEASE CAUSING DEATH definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on especially in industrial employments, it is neces-

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DISto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Pneumonia"); pneumonia, Bronchopneumonia ("Pneumonia,

> (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-..... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory Nomenclature of the

permanently filed. data is, essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions

| PLACE OF DEATH County Aman  | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 192  |
|---|--|
| Village or City Sefflewille (No   | St.: Ward) (If death occurred a hospital or institution, give its NAME in stead of street as number.)  |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH   |
| Temale What Single, widowed, OR DIVORCEOUNGLE (Write the word)  | 16 DATE OF DEATH  (Month) (Day) (Year)  [7 I HEREBY CERTIFY, That I attended the deceased from   |
| 7 AGE (Month) (Day) (Year)  | that I last saw box 200 on Jan 75 , 1931   |
| yrs. mos. ds. or min.  8 OCCUPATION (a) Trade, profession or  | The CAUSE OF DEATH * was as follows:   |
| particular kind of work  (b) General nature of industry buainesa, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country) | (Durstion) mosdo   |
| 10 NAME OF FATHER Church & MC Gorald  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME  | (Signed)   |
| OF MOTHER Annut Fraff  13 BIRTHPLACE OF MOTHER (State or Country)  Ma   | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of death yrs ds.  Where was disease contracted, |
| (Address) Sylves (Address)  | if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL   |
| Filed Jan 29 1931 Mrs alsee W Helle Registrar  If more branks are needed, address State Registra  | 20 UNDERTAKER  ADDRESS  Veer Sow Sykesville  7, 16 W. Saratoga St., Balto., Requesting V. S. No. I.  |

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when nccded. As examples: (a) nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Form loborer, Loborer-(b) Cotton mill; (a) Salesman, without more precise specification as Doy For persons who have no occupation (b) Automobile foctory. The material -Cool mine, etc. (b) Grocery Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicocmia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. (secondary or intercurrent) Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railwoy train-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronic valvular etc. The contributory affection need Always qualify all heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

| PLACE OF DEATH County  | STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 193  |
|--|--|
| Village or City Cooksoille (No   | St: Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street and number.)  |
| PERSONAL AND STATISTICAL PARTICULARS   | MEDICAL CERTIFICATE OF DEATH   |
| 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)  6 DATE OF BIRTH  (Month) (Day) (Year)                                  | 16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended the deceased from  192 . to, 192  that I last saw halive on, 192  |
| 7 AGE   If LESS than I dayhrs. or min.?  |  |
| particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)                                     | (Duration) yre mos de  |
| (State or country)  Maryland  10 NAME OF FATHER  THE THEORY  OF FATHER  (State or country)  Maryland  12 MAIDEN NAME  THEORY  MARYLAND  12 MAIDEN NAME | (Signed) (Address) (Address) (Signed) (Address) (Address |
| 12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  Par  | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.  Where was disease contracted,  |
| (Informant) Vernow It. Myers,  (Address) Cooksoille, Md.   | if not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Dome Burying Sound: May = 16; 1931  20 UNDERTAKER ADDRESS  |
| Filed Man 192 / Registrar  | 6. M. Walts, Hentild 711d, , 16 W. Saratoga St., Balto., Requesting V. S. No. 1.   |

(Approved by U. S. Census and American Public Health Association.)

laborer, whatever, write Nonc. tired 6 yrs). For persons who have no occupations business, that fact may be indicated thus; Farmer (7estate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH definite salary), may be entered as Housewife, Houseer," etc., Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; i nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, Housemaid, etc. If the occupation has been changed For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborerwithout more precise specification as Day Catton mill; (a) Salesman, (b) Grocery; (b) Automobile factory. The material -Coal mine, etc. Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebross; inal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed.

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in

this certificate is looked over thoroughly and all questions

American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); ..... (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic Example: Measles (disease etc. The contributory valvular heart disease; Measles ;

MARGIN RESERVED FOR WITH UNFADING INK--THIS IS

| Male Col WIDOWED, OR DIVORCED OF DIVORCED OR DIVORCED  | 00633<br>2  | STATE<br>CERTIFI<br>Regis  |
|--|---|--|
| PERSONAL AND STATISTICAL PARTICULARS  3 SEX  4 COLOR OR RACE  MARRIED.  MARRIED.  MIDOWED.  OR DIVORCED  OR DIVORCED  (Write the word)  5 DATE OF BIRTH  2 1, 1971  (Month) (Day) (Year)  7 AGE  If LESS than a l day hrs. a low.  Iday hrs. a low.  OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer).  9 BIRTHPLACE  (State or country)  10 NAME OF FATHER  (State or country)  11 BIRTHPLACE  OF MOTHER  (State or country)  12 MAIDEN NAME  OF MOTHER  (State or Country)  13 BIRTHPLACE  OF MOTHER  (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  WENTER  (Informant)  WENTER  (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)   | olson   | St.:   |
| 3 SEX  4 COLOR OR RACE  MARRIED.  MIDOWED. OR DIVORCED (Write the word)  6 DATE OF BIRTH  AGE  (Month)  (Month)  (Day)  (Year)  7 AGE  If LESS than a lay hrs. or min.?  OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  Warner H. Wiebelson  Goding  MARRIED.  MARRIED. | MEDIC   | AL CERTIF  |
| (Month) (Day) (Year)  7 AGE  (Month) (Day) (Year)  1 ELESS than a l day hrs. or min.?  OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  15 ACLES  16 ACLES  17 AGE  (Month) (Day) (Year)  (Year)  16 Aday hrs. The state of the state | 16 DATE OF DEATH  | AL CERTIFICATION OF THE PARTY O |
| OCCUPATION  (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER (State or Country)  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  15 March March March March Mothers  16 Mother Mother March March Mothers  17 Mothers  18 Mothers  19 Mothers  10 NAME OF FATHER (State or Country)  11 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  12 March Mar | 17 I HEREBY   | CERTIFY, 1   |
| (a) Trade, profession or particular kind of work  (b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  14 Webolson  15 Acthor  | and that death occur<br>The CAUSE OF DEAT   |  |
| 11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (The Country)  15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)   | Contributory<br>Secondary   | Dur Bur  |
| 13 BIRTHPLACE OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  (Informant)  (Informant)  (Informant)  (Informant)   | *State the D<br>Violent Causes, st<br>Accidental, Suicidal  | ate (1) Me   |
| (Informant) Nemon H. Webolson  | 18 LENGTH OF RE ients or Recent Re At place of deathyrsn  | SIDENCE (F   |
| (Informant) (Vernon (T. Webotton)  | Where was disease cont<br>if not at place of dear<br>Former or<br>usual residence   | racted,  |
| (Address)  Filed  22 1923  | 19 PLACE OF BURN<br>19 PLACE OF BURN<br>10 PLACE OF | L OB REMOVE  |

STATE OF MARYLAND

CATE OF DEATH

ation Dist. No. (If death occurred in a hospital or institu-Ward) tion, give its NAME in-stead of street and

number.)

ATE OF DEATH t I attended the deceased from stated above, at .....m, Death, or, in deaths from

Hospitals, Institutions, Trans-

In the

of Injury and (2) Whether

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthadditional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Spinner, (b) Cotton mill; (a) nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomolive engineer, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekcepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., Never rcturn "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Furmer (re-Housemuid, etc. If the occupation has been changed, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, without more precise specification as Day (b) Automobile foctory. The material Laborer-Solesman. (b) -Coal mine, etc. Wom-The ques-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same discase. Examples: ('erebrospinul') fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-"Inanition," "Marasmus," "Old Age," "Shock "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uracinia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. carbolic acid-probably sucide. The nature of the injury, approved by Committee on Nomenclature Recommendations on statement of cause of tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) peritonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJURY (name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be Chronic valvular heart disease; ctc. The contributory Measles;

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(If death occurred in

a hospital or Institution, give its NAME instead of street and

number.)

(Approved by U. S. Census and American Public Health Association.)

work, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer. Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective o fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from laborer, Spinner, nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-," etc., without more precise specification as Day borer, Farm laborer, Laborer—Coal mine, etc. Wom-Foreman, For many occupations a single word or term on Q. man, (b) Automobile factory. The material At Home, and children, not gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "('roup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

as fracture of skull, and consequences (e.g., sepsis, Recommendations on statement of cause of approved by Committee on Nomenclature American Medical Association.) tetanus) may be stated under the head of "contributory." inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; "Uruemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJURY Never report mere symptoms or terminal condi cough; Chronic valendar heart etc. The contributory disease;

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should be carefully supplied. ACE chould be stated EXACTLY, PHYSI-CORD LY, WITH UNFADING INK-THIS IS A PERMAN WRITE PLA

| 1PLACE OF DEATH   | STATE OF MARYLAND CERTIFICATE OF DEATH  |
|---|---|
| County NACOUNT  | (31) Registration Dist. No. 193   |
| Village or City Restron (No   | St.: Ward) (If d-ath occurred a hospital or institution, give its NAME is stead of street an number.)   |
| PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL CERTIFICATE OF DEATH  |
| Male Colored Single, MRRIED, WIDOWEO. OR DIVORCED (Write the word)                        | 16 DATE OF DEATH (Month) (Day) (Year)   |
| 6 DATE OF BIRTH  (Month) (Day) (Year)   | that I last saw h Malive on Jan 1934  |
| about 81 yrs. mos. ds. or min.  | The CAUSE OF DEATH * was as follows:  |
| BOCCUPATION (a) Trade, profession or particular kind of work                              | Chrone Miffinder  |
| (b) General nature of industry business, or establishment in which employed or (employer) | Contributory MANAL Legisland Secondary  Duration)  yis. mos   |
| 10 NAME OF FATHER John Prettyman  | (Signed) If Massey M.  Jagger 2D 1921 (Address)   |
| OF FATHER (State or country)  | *State the l'isease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.              |
| of MOTHER Sarah Worsey  | 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, 1r)  |
| 13 BIRTHPLACE OF MOTHER (State or Country)  | At place of death   |
| (Informant) Ligie Stanton  (Address) Woodbine Md  | Where was disease connected, it not at place of deah?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  OATE OF BURIAL  OATE OF BURIAL  OATE OF BURIAL |
| 15 Filed Jan 20 1931 M Mustin Registras   | 20 UNDERTAKER ADDRESS THE METERS THE METERS   |
| If more b.anks are needed, addre.s htate hegistr  | ar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1.   |

(Approved by U. S. Census and American Fublic Health Association.)

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Statement of Cause of Death—Name, first, the pisease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemia cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), st\_ted unless important. use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature telanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all Whooping cough; ..... (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY Chronic Example: Measles (disease etc. The contributory valvular heart disease;

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|        | 1PLACE OF DEATH   | 00635   |
|--------|---|---|
| •      | County Howard   | 93-c  |
| Vill   | age or City Rockland. (No.  |   |
|        | 2 FULL NAME John Venny  | Pridg ley   |
| -      | PERSONAL AND STATISTICAL PARTICULARS  | MEDICAL   |
| 3 9    | MARRIED WIDOWED.  OR DIVORCED (Write the word)  | 16 DATE OF DEATH  |
| 6 [    | DATE OF BIRTH   | 17 THEREBY C  |
|        | (Month) (Day) (Yesr   | that I last saw h   |
| 7 A    | If LESS the last the | rs. The CAUSE OF DEATH  |
| P      | a) Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer)  | Contributory  |
|        | (State or country) Mary land.  10 NAME OF FATHER Kidg luy.  | (Signed)  |
|        | 11 BIRTHPLACE   | 1   |
| STN    | OF FATHER (State or country) Mary land.   | *State the bise<br>Violent Causes, stat   |
| ARENT  | OF FATHER (State or country) Mary Land.  12 MAIDEN NAME OF MOTHER Matilda Thompson  | *State the Dise<br>Violent Causes, stat<br>Accidental, Suicidal or  |
| RENT   | (State or country) mary lawd.  12 MAIDEN NAME  11 11  | *State the Vise Violent / Causes, stat Accidental, Suicidal or 18 LENGTH OF RESI ients or Recent Resi At place of death yrs   |
| PARENT | (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE   | - 4 1923/   |
| PARENT | (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER (State or Country)  Mary Cand.  | *State the Dis- Violent / Causes, state Accidental, Suicidal or  18 LENGTH OF RESI ients or Recent Resi At place of death yrs |

STATE OF MARYLAND

ERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and St.: Ward) number.) CERTIFICATE OF DEATH

(Month) was as follows: se Causing Death, or, in (1) Means of Injury and Iomicidal. deaths from (2) Whether and ENCE (For Hospitals, Institutions, Transnte) In the .....ds.

REMOVAL

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day Spinner, nature of the husiness or industry, and therefore an or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servont, Cook definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Former (re-Housemoid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesyrs). Farm laborer, (b) Cotton mill; (a) Solesman, (b) For persons who have no occupation (b)Automobile factory. The material Laborer-Coal mine, etc. Wom-Grocery;

Statement of Cause of Death—Name, first, the Discass Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease tctanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicidc. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underapproved by Committee on Nomenclature of the (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railwoy troin-Whooping American Medical Association.) Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid cough; Chronic Carcinoma, Sarcoma, etc., of etc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH

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#### STATE OF MARYLAND CERTIFICATE OF DEATH

Contributory

Secondary

16

Registration Dist. No.

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9 BIRTHPLACE (State or country)

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| ENTS | 11 BIRTHPLACE OF FATHER (State or country | , lus | 1.  | 1    |
| ARE  | 12 MAIDEN NAME<br>OF MOTHER               | Mary  | D H | ashi |

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

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|      |       | MEDICAL | CERTIFICATE | OF | DEATH |     |
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\*State the Disease Causing Death, or, in deaths from Violent Causea, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

| 18 LENGTH  | OF    | RESIDENCE    | (For | Hospitals, | Institutions, | Trans |
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| 9 PLACE OF       | BURIAL OR REMOVAL | DATE OF BURIAL |

| Lavass Cemetery  | 1 /24 /3/9 |
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| 20 UN DERTAKER . | ADDRESS    |

If more blanks are needed, address State Registrar, 16 W. Safatoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Rarm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Furmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. household only (not paid Housekeepers who receive a Foreman, or At Home, and children, For many occupations a single word or term on yrs). (b) Cotton mill; (a) Salesman, (b) without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material not gainfully em-Grocery; ."" Deal-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, American Medical Association.) approved by (Recommendations on statement of cause of tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL scpticaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. causing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Whooping Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Nomenclature of the Chronic chopneumonia (secondary), etc. The contributory affection need valvular heart Always qualify all not be disease;

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MARGIN

(Approved by U. S. Census and American Public Health Association.)

laborer, household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer ( state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative healthr." etc., Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, without more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-Salesman, Locomotive (b) engineer, Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Illyphoid fever (never report "Typhoid Pneumonia"); Illobar pneumonia, Bronchopneumonia ("Pneumonia"); Illobar pneumonia, Bronchopneumonia

tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL perilonilis, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Shock," "Old Age," "Shock," stated unless importan+ approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) Examples: Accidental drowning; Struck by railway train-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as Chronic Example: Measles (disease chopncumonia (secondary), The nature of the injury, etc. The contributory affection need valvular heart disease; not be

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PLACE OF DEATH 10638 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-Ward) tion, give its NAME is stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE | 5 SINGLE. 3 SEX 16 DATE OF DEATH MARRIED. 90 ould be may be n back WIDOWED. BINDING OR DIVORCED (Write the word) (Month) (Day) (Year). 6 DATE OF BIRTH I HEREBY CERTIFY, That I attended the deceased from at tion (Month) (Day) (Year) 7 AGE III LESS than and that death occurred on the date stated above, at I day O hrs. The CAUSE OF DEATH \* was as follows: terms ds. or O min.? ESERVE 8 OCCUPATION 99 (a) Trade, profession or E W particular kind of work Carefully STH In plain plai (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) be EA (Duration) OD 10 NAME OF OF FATHER (Sixned) M. D. Shot E OF 11 BIRTHPLACE (Address) CAUSE OF FATHER RENT \*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and deaths from (State or country) (2) Whether Accidental, Suicidal or Homicidal. 12 MAIDEN NAME PA OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transstate CCUP/ iente or Recent Residents) 13 BIRTHPLACE At place In the OF MOTHER of death ... (State or Country) 00 Where was disease contracted, 4 THE ABOVE IS TRUE KNOWLEDGE if not at place of death?. WRITE Former or usual residence. Every in CIANS statem 19 PLACE OF BURIAL OR REMOVAL ADDRESS Filed If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househou ehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH report specifically the occupations of persons en-Foreman, For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospipal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature of the American Medical Association.) "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERTERAL peritonilis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "IIaemorrhage, (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, (Recommendations on statement of cause of death carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; Example: Measles (disease etc. The contributory

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PLACE OF DEATH 10639 STATE OF MARYLAND CERTIFICATE OF DEATH classified. Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME in-.....Ward) stead of street and number.) 2FULL NAME proper PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED (Write the word) houid (Month) I HEREBY CERTIFY, That I attended the deceased 6 DATE OF BIRTH that (Month) (Day) (Year) If LESS than and that death occurred on the date stated above, at 7 AGE l day hrs. (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) D W 10 NAME OF 0 L 0 (Address) 11 BIRTHPLACE \*State the Disease Causing Death, or, in OF FATHER EZ (2) Whether Violent Causes, state (1) Means of Injury and (State or country) CAU Accidental, Suicidal or Homicidal. ш 12 MAIDEN NAME Œ. LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-PA OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place of death. OF MOTHER (State or Country) Where was disease contracted, if not at place of death?..... 0 Former or item shi usual residence. (Informant) (1) Every CIANS stater 20 UNDERTAKER If more branks are needed, address State Registrar, 16 W. Seratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

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(a) Foreman, (b) Automobile factory. The materia nature of the business or industry, and therefore an state occupation at beginning of illness. If retired from definite salary), may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. whatever, write None. business, that fact may be indicated thus; Farme or given up on account of the DISEASE CAUSING DEATE. gaged in domestic service for wages, as Seruml, took, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Seruant, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken For many occupations a single word or term on or At Home, yrs). For persons who have no occupation Farm laborer, Laborer-Coul minc, etc. without more precise specification as Day Compositor, and children, not gainfully em-Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the pisse EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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